
HEALTH CHECK AND EXPOSURE ASSESSMENT (Employee, Volunteer or Visitor)

It is recommended that individuals are assessed for COVID-19 symptoms and potential exposure prior to entering the building or in an area that is separate from the main areas of the building. This form may be completed by employees at the beginning of every shift, by volunteers entering the agency, or by individuals entering the building for an in-person visit.

Name:

Date:

Time:

FEVER, COUGH, & SHORTNESS OF BREATH

Do you have a fever? ☐ Yes ☐ No

Current Temperature:

Employees who develop fever or respiratory symptoms must be excluded from work for at least 7 days. If testing for COVID-19 is performed and is negative, staff may return to work 72 hours after the fever has resolved without the use of fever-reducing medications.

Have you had a fever in the past 7 days? ☐ Yes ☐ No

If yes, has it been resolved for 72 hours without use of medication? ☐ Yes ☐ No

Do you have a cough? ☐ Yes ☐ No *If yes, but cough is not accompanied by fever or shortness of breath, the individual is considered asymptomatic and permitted to work.*

Are you experiencing shortness of breath? ☐ Yes ☐ No

If yes, are you experiencing any of the following (check the box that applies; more than one box may be checked): ☐ Persistent pain or pressure in the chest ☐ New confusion or inability to arouse ☐ Bluish lips or face

If severe symptoms are present, consult public health, a nurse line, or obtain medical attention.

POTENTIAL COVID-19 EXPOSURE

Have you been in close contact (within 6 feet) with others known to be ill, exhibiting symptoms such as fever, cough, or shortness of breath, or tested positive for COVID-19 within the past 14 days? ☐ Yes ☐ No

If yes, the individual should practice good health and hygiene practices, be monitored, and adhere to social distancing standards (maintaining 6 feet of distance between themselves and others). Isolation is not necessary for asymptomatic individuals.

Have you been tested for COVID-19? ☐ Yes ☐ No

If yes, were results negative? ☐ Yes

☐ No

By signing below, I attest that the information provided above is accurate based on my current condition and knowledge of potential exposure.

Name of Individual Completing Assessment:

Signature:

HEALTH CHECK AND EXPOSURE ASSESSMENT (CHILD)

It is recommended that individuals are assessed for COVID-19 symptoms and potential exposure prior to entering the building or in an area that is separate from the main areas of the building. The individual conducting the assessment should ask the child all of the questions below when age and developmentally appropriate. The form should be completed with assistance from the individual returning a child to the agency whenever possible or by an employee of the agency.

Name:

Date:

Time:

FEVER, COUGH, & SHORTNESS OF BREATH

Do you have a fever? ☐ Yes ☐ No

Current Temperature:

For children with a temperature but no other symptoms, isolation and monitoring should occur until 24 hours after the fever resolves without the use of fever reducing medication. Use of Personal Protective Equipment (PPE) is optional.

Do you have a cough? ☐ Yes ☐ No *If yes, but cough is not accompanied by fever or shortness of breath, the individual is considered asymptomatic and permitted to work.*

Are you experiencing shortness of breath? ☐ Yes ☐ No

If yes, are you experiencing any of the following (check the box that applies; more than one box may be checked): ☐ Persistent pain or pressure in the chest ☐ New confusion or inability to arouse ☐ Bluish lips or face

If severe symptoms are present, consult public health, a nurse line, or obtain medical attention.

POTENTIAL COVID-19 EXPOSURE

Have you been in close contact (within 6 feet) with others known to be ill, exhibiting symptoms such as fever, cough, or shortness of breath, or tested positive for COVID-19 within the past 14 days? ☐ Yes ☐ No

If yes, the individual should practice good health and hygiene practices, be monitored, and adhere to social distancing standards (maintaining 6 feet of distance between themselves and others). Isolation is not necessary for asymptomatic individuals.

Have you been tested for COVID-19? ☐ Yes ☐ No

If yes, were results negative? ☐ Yes

☐ No

By signing below, I attest that the information provided above is accurate based on my observation of the child and knowledge of potential exposure.

Name of Individual Completing Assessment:

Signature:
